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RCE
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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
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P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/834,833
Filing Date	April 13, 2001
First Named Inventor	Ramprakash Sathyarayanan
Art Unit	2177
Examiner Name	I. Woo
Attorney Docket No.	ORA010 US

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Technology Center 2100

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1.	Submission required under 37 CFR 1.114		07/09/2004 RMEBRAHT 00000070 09834833
a.	<input checked="" type="checkbox"/> Previously submitted i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____ (any unentered amendment(s) referred to above will be entered) ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ iii. <input checked="" type="checkbox"/> Other <u>Information Disclosure Statement dated October 6, 2003</u>		
b.	<input checked="" type="checkbox"/> Enclosed i. <input checked="" type="checkbox"/> Amendment/Reply (17 pages) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) ii. <input type="checkbox"/> Affadavit(s)/Declaration(s) iv. <input type="checkbox"/> Other _____		
2.	Miscellaneous		
a.	<input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)		
b.	<input type="checkbox"/> Other _____		
3.	Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The director is hereby authorized to charge any underpayments or credit any overpayments, to Deposit Account No. 50-2263, for each of the following:		
a.	<input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) _____ See attached Fee Transmittal _____ i. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) ii. <input type="checkbox"/> iii. <input checked="" type="checkbox"/> Other <u>Additional Claim Fee</u> _____ See attached Fee Transmittal _____		
b.	<input type="checkbox"/> Check in the amount of \$ _____ enclosed		
c.	<input checked="" type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Omkar Suryadevara	Registration No. (Attorney/Agent)	36,320
Signature			Date July 6, 2004

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